

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH59-012756
STATE FILE NUMBER

FILED MAY 15 1959		Registration District No. 77		Primary Registration District No. 5304		Registrar's No. 147	
1. PLACE OF DEATH a. COUNTY COLE <i>Orange Township</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST THOMAS, MO.				c. CITY OR TOWN ST THOMAS, MO. 0260		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>Home</i>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN ALOYSIUS LUEBBERING				4. DATE OF DEATH Month Day Year MAY 8, 1959			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 13, 1906	
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) St. Thomas, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Luebbering				13b. MOTHER'S MAIDEN NAME Thresa Kleffner		14. NAME OF HUSBAND OR WIFE Minnie Loethen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 488-42-8190		17. INFORMANT Address MRS MINNIE LUEBBERING ST THOMAS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shot gun wound</i>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Body found in woods near home May 9th - 1959 A.M. (whole top of head)</i>			
20c. TIME OF INJURY Hour Month, Day, Year <i>unknown May 8 - 1959</i>				20d. PLACE OF INJURY (e.g., in or about home, farm, garage, street, office bldg., etc.) <i>on farm</i>			
20e. CITY, TOWN, OR LOCATION <i>St Thomas</i>				COUNTY <i>Cole</i>		STATE <i>Mo</i>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <i>Ben J. Marling Sheriff acting coroner</i>			
22b. ADDRESS <i>Box 426 Jefferson City Mo</i>				22c. DATE SIGNED <i>5-11-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5/11/59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>ST THOMAS, MO.</i>		23d. LOCATION (City, town, or county) (State) <i>ST. THOMAS, MO.</i>	
24. FUNERAL DIRECTOR <i>Sylvester Diller</i>				ADDRESS <i>J C MO.</i>		25. DATE RECD. BY LOCAL REG. <i>13 May 1959</i>	
26. REGISTRAR'S SIGNATURE <i>R.P. Davis, M.D. - M.R.</i>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 19 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Sylvester Dull*

Licensed Embalmer No. *4321*

P. O. Address *Jaffrey City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.